## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 582965 APPLICANT(S) FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL DEP.	22	<b>(-</b>		<b>+</b>		<b>←</b>
TOTAL CLAIMS	24	7° \$				d %

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL DEP.		+		<b>+</b>		<b>(-</b>
TOTAL CLAIMS		100		1.37	· .	

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